



# Veterans' Health

THE WELLNESS MAGAZINE  
FOR OHIO VETERANS

FALL • 1999

## No Worries About Y2K

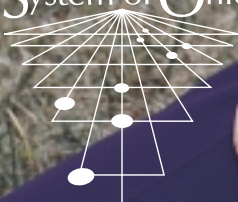
VA is ready to ring in  
the new year

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## The Road Back From Stroke

## Breast Cancer: What Can You Do To Prevent It?

VA Healthcare  
System of Ohio



# VA Gears Up For The Year 2000

As the Network Chief Medical Officer, it is with pride that I tell you about continuing improvements in access to VA healthcare. For your convenience, in addition to primary care, we are now providing basic mental health services at our community-based outpatient clinics (CBOCs) throughout Ohio. Also, please see page 7 for details of our expanded Mental Health Outreach program to homeless and "least-well-off" veterans.

We continue to strengthen our women veterans' health programs. This year we have added maternity services to our clinical benefits package. As October is Breast Cancer Awareness month (see page 6), we remind all women veterans between ages 50 and 70 of the importance of getting a yearly mammogram for breast cancer detection. Our records show that we have been able to screen 91 percent of these women veterans in fiscal year 1999, but we want to make it 100 percent! These services are available through your Network primary care provider.

As fall approaches and all anticipate the beauty of the turning color of the leaves, your VA healthcare providers will be gearing up to help you ward off seasonal illness. Free flu vaccines will be given, starting in early October, at all primary care sites. It is recommended for all veterans over age 65, residents of chronic care facilities (like nursing homes, group homes or domiciliaries) and for any veteran with a chronic illness, such as diabetes, heart/lung disease or kidney disease. Many sites will be setting up special flu vaccine walk-in clinics for your convenience. Please check with your primary care provider about this important preventive health measure.

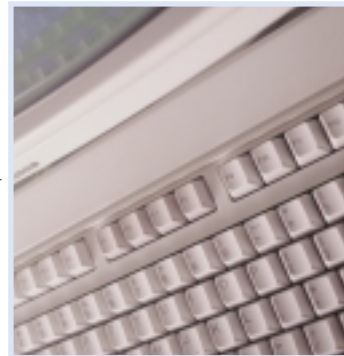
The next issue of *Veterans' Health* will be published in the year 2000! VA has been diligently preparing to be able to serve you without any disruption. Y2K upgrades to our systems and equipment are proceeding on schedule. You can read more about VA and Y2K on the opposite page. See you in the new millennium!

Sincerely,

*Sheila C. Gelman M.D.*

—Sheila C. Gelman, M.D.

Network Chief Medical Officer



*Veterans' Health* is published quarterly as a patient education service by VA Healthcare System of Ohio, one of the 22 integrated networks of the Department of Veterans Affairs. The publication is intended to provide information to help you stay well, manage your healthcare and learn about the many health services available through the VA. This publication is not intended as a substitute for professional medical advice, which should be obtained from your doctor. All articles may be reproduced for educational purposes.

**The Mission of the VA Healthcare System of Ohio is:**

- To provide veterans a continuum of care that is accessible, value-added and cost-effective, and of the highest quality, within an environment of outstanding education and research.
- To promote a culture that supports and develops a caring, compassionate, competent and quality-oriented workforce.

ON THE COVER: Army Nurse Corps Reserves Colonel Barb Rounds, R.N., is a research nurse in the Mental Health Care Line at the Cincinnati VAMC. An outspoken veterans advocate, the Vietnam vet is also a member of the VFW, American Legion and Vietnam Veterans of America as well as a charter member of WIMSA.

PHOTOGRAPHER: MARK ARLINGHAUS, MEDICAL MEDIA DEPARTMENT, CINCINNATI CAMPUS

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# No Worries About Y2K

Planning and foresight mean VA and the veterans we serve can welcome the year 2000 worry-free. Here, answers to some Y2K concerns.

## **Q. What is the Y2K problem?**

When 1999 ends and the year 2000 begins, some computers may not work properly. The reason: Many computer programs have been using two-digit dates, such as 99 for the year 1999. So when the year turns to 00, computers with two-digit coding will be unable to distinguish 2000 from 1900 and may fail to respond properly. To correct this confusion, computer programs must be modified or replaced before January 1.

## **Q. Will my VA benefits check be delivered on time?**

Yes. All necessary computer modifications and upgrades have been made. VA is confident that all benefit payments will be issued on time as we enter the new year. If you receive a regular monthly payment, your December 1999 payment will be paid December 30, 1999, rather than January 1, 2000, because banks will be closed on December 31, 1999, and January 1, 2000.

## **Q. Will my VA hospital or clinic be open for business on January 1, 2000?**

Yes, VA hospitals and clinics will be waiting to serve you. The ability of our trained and experienced doctors, nurses and other medical staff to care for you will not be affected.

## **Q. Are my VA records safe? Will access to my VA records be delayed?**

Yes, your records are safe. VA health system and ben-



efits computers are year-2000 compliant, and access to electronic records will not be affected by the new year. VA paper records, of course, are unaffected.

## **Q. Will medical life support systems work?**

Yes. Medical devices and other systems at VA hospitals will perform properly as the year 2000 begins. VA, along with the Food and Drug Administration, is helping hospitals get Y2K compliance information from individual medical equipment manufacturers.



## **Q. Will my prescription drugs be available?**

VA has been working closely with Federal and pharmaceutical industry representatives to ensure that there are no disruptions in the drug supply.

## **Q. What can I do to prepare for Y2K?**

First, there is no reason for alarm. Information from other industry representatives leads us to believe that basic utilities such as electricity and telephone services will continue to operate normally. Beware of ploys that use fear to separate you from your money. Second, read up on the year 2000 and take whatever actions are necessary to ensure your home computers and digital appliances are ready. The Federal government has a Y2K hotline at 1-888-USA-4-Y2K and a web site at [www.y2k.gov](http://www.y2k.gov) that can answer your Y2K questions. And you can obtain VA-specific year 2000 information on the Internet at [www.va.gov/year2000](http://www.va.gov/year2000). **VH**

# The Road Back From Stroke

**W**hile a person's life may change after a stroke, it's far from over. "Support from loved ones, a positive outlook and a well-coordinated rehabilitation plan can help stroke victims along the path toward independence," says Robert Ruff, M.D., Ph.D., Chief of Neurology at Louis Stokes Cleveland VA Medical Center.

## Right away

During the acute phase of recovery, doctors will try to minimize the extent of any brain injuries. They may prescribe medications that make



the blood less thick or sticky or medications to try to break up a blood clot (clot busters). "Clot busters can only be used if a patient receives medical attention within a few hours of the symptoms' onset," says Dr. Ruff. "It's important for people to be aware of the signs of stroke and get help right away."

Drugs that control blood pressure or stop seizures may be necessary. And in rare cases, doctors may recommend surgery.

Rehabilitation begins during this phase. Nurses and/or physical therapists will change a person's body position frequently to help him or her avoid bedsores. They also will move the arms and legs to maintain circulation, joint flexibility and muscle tone. Family members can help by repeating these exercises.

## Know These Signs



**I**f you or someone in your presence experiences these signs of stroke, don't delay in getting to a hospital emergency room:

- You suddenly feel weak in an arm, a hand or a leg.
- You can't feel one side of your face or body.
- You suddenly can't see out of one eye or to one side.
- You suddenly have a hard time talking.
- You can't understand what someone is saying.
- You feel dizzy or lose your balance.
- You have a severe headache—the worst you've ever had.

## In coming days

Some lost abilities may return on their own within the first weeks or months after a stroke. And physical, occupational and speech therapy can help bring back functions that don't come back on their own. "It's important to set realistic goals during rehabilitation—ones that are not too simple or too frustrating," says Dr. Ruff.

## The components of rehabilitation

**Physical therapy.** Active exercise will soon replace the passive exercises that others did. A physical therapist might start with exercises that increase range of motion and muscle tone, then progress to skills such as turning over, sitting up, getting out of a chair and finally, if possible, walking independently.


**Occupational therapy.** Occupational therapists help a stroke survivor develop coordination for daily activities, such as bathing, dressing and writing. They may teach a person new techniques, such as how to perform two-handed tasks with one hand (for example, buttoning clothes or cutting meat). Occupational therapists also make recommendations for making the home safer (for example, adding handrails or removing throw rugs).

For veterans who do not regain enough muscle function to resume normal activities, functional electrical stimulation (FES) is a promising experimental alternative. FES uses computers to stimulate weak muscles directly, allowing veterans to stand, walk and hold an object in their hand.

**Speech therapy.** Speech pathologists help with language difficulties (aphasia), swallowing problems (dysphagia) and difficulties with articulation (dysarthria). A stroke survivor may have difficulties expressing and/or understanding lan-

guage. Speech pathologists can help a person recover those skills. They also can teach the

patient's family new ways to communicate with their loved one, such as pointing to objects or speaking in short, direct sentences. For example, instead of saying, "I think it's about time for dinner," a spouse might say, "Eat now."

**Other help.** Other professionals may participate in rehabilitation. Social workers may help with discharge plans and provide emotional support. Recreational therapists may help a person resume leisure activities. And nurses, dietitians and psychologists may provide education and emotional support. 



**Physical therapy is an important part of stroke rehabilitation.**

## Firsthand Success With FES

Two years ago, then 71-year-old vet Leonard Skoczen suffered a stroke that severely weakened his left side. As a result, the World War II and Korean War vet was unable to walk. Within a few weeks of the stroke, Leonard's rehabilitation team approached him about taking part in an experimental program at the Louis Stokes VA Medical Center. His physical therapist thought he would benefit from functional electrical stimulation (FES), a technique in which computer-controlled electrodes are used to stimulate leg muscles. After hearing more about the program from Dr. Ruff and other healthcare professionals from the VAMC, Leonard accepted. "My two sons and two daughters were a little concerned about my taking part, but I was confident."

"He wanted to do it for mankind," says Anna Marie, Leonard's daughter. "If the experiment wasn't going to help him walk, at least it might help others down the road."

The six-month program began while Leonard was still in the hospital. Seven electrodes were inserted into his leg muscles through one central port. With the use of a battery pack and a computer program, the electrodes stimulated the muscles, allowing Leonard to perform specific exercises.

Improvement was slow but remarkable, says Anna Marie. By the end of the program Leonard was able to walk. But what's more, taking part in the program lifted his spirits. "Once we got hooked up with the program it was extremely smooth," he says. "I would recommend it to anyone else."



# Breast Cancer: What Can You Do To Prevent It?

One in eight American women will develop breast cancer in her lifetime. That's a pretty scary statistic. Fortunately, scientists have learned that certain lifestyle choices may affect breast cancer risk. Here are some steps you can take to help lower your risk of developing the disease.

**1. Eat lots of fruits and vegetables.** We're supposed to eat five to nine servings a day of fruits and vegetables. But if you're like the average American, you barely manage to eat the minimum five! That's unfortunate since fruits and vegetables contain vitamins and other substances that reduce the risk of breast and other cancers, as well as high blood pressure, heart disease, stroke and diabetes.

**2. Watch your weight.**

Excess weight increases breast-cancer risk, but experts aren't sure why. A possible explanation: Fat cells can convert hormones called androgens into estrogens. This may be a key since estrogen has been shown to promote the growth of breast-cancer cells.

**3. Get fit.** Several studies suggest that breast-cancer risk is lower among female athletes and among women who do moderate physical

activity than among women who don't exercise. Experts believe that regular physical activity



changes the levels of various hormones in a woman's body, and that the resulting hormone balance offers protection from breast cancer. However, results from the Harvard Nurses' Health study show no link between exercise and breast cancer risk. Although the jury is still out on exercise's role in cancer prevention, its role in weight control is clear-cut. If you are not active already, start out slowly, perhaps with a 10-minute daily walk, gradually

increasing your activity level.

**4. Limit your alcohol intake.** Many studies suggest that drinking alcohol increases risk of breast

cancer. A Harvard study showed that women who drink two or more drinks a day are 25 percent more likely to develop breast cancer than women who drank less.

Why is alcohol bad for breasts? Because it increases the amount of circulating estrogen in a woman's body. Over time, elevated estrogen levels make the breast more susceptible to cancer. Preservatives in some alcohols may also play a role. **VH**

*WOMEN VETERANS: For more information about receiving care at the VA, contact these women veteran coordinators.*



**Brecksville**  
Nancy Myers-Bradley  
440-526-3030

**Chillicothe**  
Patricia Reed  
740-772-7038

**Cincinnati**  
Sharon D. Parker  
513-475-6984

**Columbus**  
Clary Garabis  
614-257-5562

**Dayton**  
Maritha Trass  
937-268-6511, ext. 1907

**Wade Park**  
Mary Knowles  
216-231-3425

**B**efore the Network established its Mental Health Care Line (MHCL) in May 1998, homeless and least-well-off veterans in Northeast Ohio could get VA support only if they walked into a VA facility. Now, says Terry Washam, LISW, CHE, Mental Health Care Line Manager at the Cleveland VA campus, "VA is taking a community mental health approach that focuses care in the community, not behind the walls of the VA." This approach removes barriers that often made it difficult for these veterans to get VA care. What's more, the community mental health approach fosters VA partnerships with the Veterans Service Organization, Homeless Providers, mental health and substance abuse agencies, and city and county municipalities.

### Three-pronged effort

How does the community mental health approach work? It's a three-pronged effort, says Terry. In the first, VA staff are outplaced at various non-VA sites. For example, a full-time staff member at the Cuyahoga County Justice Center works with veterans before their release, connecting them with VA and non-VA services. Other outplaced sites are the HUD-financed One-Stop Center, the Cuyahoga County Veterans Service Center and the Volunteers of America. At these sites, too, VA staff members link homeless and least-well-off veterans with needed mental-health and related services.



The second prong consists of outreach activities in homeless shelters, soup kitchens, drop-in centers, mobile meal trucks and other places where the homeless and least well off congregate, including the streets.

The last prong is community care management services. As the VA advances its efforts to develop community-based alternatives to care, more veterans, especially the seriously mentally ill, will

# Breaking Outside The Walls

VA reaches vets on

their own ground in a program aimed at helping homeless and "least-well-off" veterans.

be able to live in community settings. Case management will help us achieve this goal.

### Promising results

Thanks to the new Network approach, VA has been able to bring mental health services to more and more special veteran population groups in Northeast Ohio. From June 1, 1998, through March 31, 1999, MHCL served significantly more veterans compared with the same time period the previous year: 10.4 percent more seriously mentally ill veterans, 20.5 percent more veterans with post-traumatic stress disorder, 13.5 percent more substance abuse veterans and 34 percent more homeless veterans. **VH**

# Reaching Us Is Easy

Keep this information handy—when you need us, we'll be there.

## Athens VA Campus

510 West Union Street  
Athens, OH 45701  
740-593-7314

## Bellevue VA Campus

103 Landmark  
Bellevue, KY  
513-861-3100

## Brecksville VA Campus

10000 Brecksville Road  
Brecksville, OH 44141  
440-526-3030

## Canton VA Campus

221 3rd Street SE  
Canton, OH 44702  
330-489-4600

## Chillicothe VA Campus

17273 State Route 104  
Chillicothe, OH 45601  
740-773-1141

## Cincinnati VA Campus

3200 Vine Street  
Cincinnati, OH 45220  
513-861-3100

## Columbus VA Campus

543 Taylor Avenue  
Columbus, OH 43203  
614-257-5200

## Dayton VA Campus

4100 West Third Street  
Dayton, OH 45428  
937-268-6511

## Ft. Thomas VA Campus

1000 So. Ft. Thomas Avenue  
Ft. Thomas, KY 41075  
513-861-3100

## Lorain VA Campus

205 West 20th Street  
Lorain, OH 44052  
440-244-3833

## Mansfield VA Campus

1456 Park Avenue West  
Suite N  
Mansfield, OH 44906  
419-529-4602

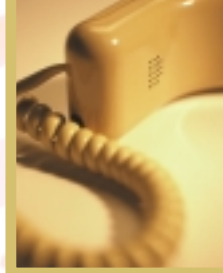
## McCafferty VA Campus

4242 Lorain Avenue  
Cleveland, OH 44113  
216-939-0699

## Middletown VA Campus

675 North University Blvd.  
Middletown, OH 45042  
513-423-8387

## Call Tele-Nurse



There's someone on the line 24 hours a day, 365 days a year, to serve you. If you have symptoms, questions or need advice about any health problem, call us toll free at **1-888-VET-OHIO (1-888-838-6446)**.

## Otis Moss/University Hospital VA Campus

8819 Quincy Avenue  
Cleveland, OH 44106  
216-721-7221

## Painesville VA Campus

54 South State Street  
Suite 204  
Painesville, OH 44077  
440-357-6740

## Sandusky VA Campus

3416 Columbus Avenue  
Sandusky, OH 44870  
419-625-7350

## Springfield VA Campus

512 South Burnett Road  
Springfield, OH 45505  
937-328-3385

## Wade Park VA Campus

10701 East Boulevard  
Cleveland, OH 44106  
216-791-3800

## Youngstown VA Campus

2031 Belmont Avenue  
Youngstown, OH 44505  
330-740-9200

## Zanesville VA Campus

840 Bethesda Drive  
Building 3A  
Zanesville, OH 43701  
740-453-7725

Visit us online at:  
[www.va.gov/visn10/](http://www.va.gov/visn10/)

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